



John Hoeven, Governor
Carol K. Olson, Executive Director

September 28, 2010

Dear North Dakota Medicaid Provider:

As noted in the July 2010 edition of the North Dakota Medicaid *Provider Bulletin*, Section 6507 of the Patient Protection and Affordable Care Act (ACA) of 2009 requires all state Medicaid Agencies to incorporate methodologies of the National Correct Coding Initiative into their claims payment systems by October 1, 2010. For additional information please visit <http://www.cms.gov/MedicaidNCCICoding/>.

The North Dakota Department of Human Services Medical Services Division continues to utilize globally accepted guidelines including Current Procedural Terminologies guidelines as documented by the American Medical Association, Correct Coding Initiatives (CCI) and Post-Operative Period Guidelines as outlined by the Center for Medicare and Medicaid Services (CMS).

As part of the ongoing efforts to improve performance in claims processing and payment to comply with provisions of the ACA, the North Dakota Department of Human Services Medical Services Division is implementing a new claims editing program, effective for all professional claims received on or after October 1, 2010. The following principles, processes, and edits will be part of the new claims editing program:

- 1) Global Surgical Principles:** CMS has defined specific time periods when the Evaluation and Management (E/M) services related to a surgical procedure, furnished by the physician who performed the surgery, are to be included in the payment of the surgical procedure code. These procedure codes are evaluated based on major and minor service categories with different defined global day allocations for each.
- 2) Add-On Principles:** Both CPT and CMS define codes that require the presence of a primary procedure code for appropriate coding. These rules follow the direction set forth in the CPT manual that describes Add-on codes as "procedures/services that are always performed, by the same physician" and "are always performed in addition to the primary service/procedure, and must never be reported as stand-alone codes."
- 3) Multiple Surgeon Principles:** CMS rules based on the need for an assistant surgeon, co-surgeons and team surgeons for all surgical procedures.
- 4) CCI- National Correct Coding Initiative:** As defined by CMS:

- a. **Comprehensive:** These procedure codes have been identified as inappropriate unbundling of comprehensive procedure codes into its component parts (codes).
- b. **Mutually Exclusive:** These procedures codes are not to be reported together because they are mutually exclusive of each other and cannot occur during the same operative session.

5) Duplicates: For the following areas:

- a. Radiology
- b. Date Range Duplicates
- c. Lifetime Duplicates
- d. E/M Service Range

6) Evaluation and Management Crosswalk Principles: Multiple submissions of E/M-codes within the same category and/or two different categories, by the same provider on the same date of service.

7) Incidental Procedures: The Incidental Procedures category of edits identifies procedure codes classified as not payable due to a status of B (bundled) or P (bundled/excluded) in the CMS National Physician Fee Schedule Relative Value File.

8) Medical Necessity Based on Appropriate ICD-9 Codes: These are Regional and National Medical Necessity guidelines from CMS and their Medicare contractors. Services reported must have the appropriate ICD-9 codes submitted on the claim that demonstrate medical necessity.

Thank you for your continued efforts to assist the Medicaid program in the correct adjudication of claims. Should you have any questions please contact Barb Koch at 701-328-1044 or Sara Regner at 701-328-4825.

Sincerely,


Maggie D. Anderson, Director
Division of Medical Services

BN/mlt

SAMPLE OF PROVIDER REMIT WITH BLOODHOUND EXCEPTIONS

08/03/10

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE

SBI-570-DD

PROVIDER NUMBER-999999

REMITTANCE ADVICE

PAGE 1

NPI NUMBER-9999999999

CHECK NUMBER 99999999

R/A NUMBER 324

CONTROL NO.	ID NUMBER	RECIPIENT NAME	CASE NUMBER	PAT. CONTROL NUM	R/OI	PRG.ID/NPI	MSG
P.PHYS	SERVICE DATES	RX.NO. SERVICE CODE/MOD	QTY	BILLED	RL/OI	PAYMENT	MSG

1	1010999300999	000-99-9999	MOUSE	MINNIE	99-99999-999	X99999999	
01	000016218	123109-123109	90472		1.0	18.00	.00 .00 N122
02	000016218	123109-123109	90658		1.0	22.50	.00 .00 B15
03	000016218	123109-123109	90470		1.0	18.45	.00 13.90 N14
B04	000016218	123109-123109	90663		1.0	.01	.00 .00 N20
				** CLAIM TOTAL **		58.96	13.90

B04 25332 THE SERVICES DESCRIBED BY 90658 AND 90663 ARE CONSIDERED MUTUALLY EXCLUSIVE, THEREFORE 90663 IS NOT REIMBURSABLE.

1	1010999310999	999-99-9999	DUCK	DONALD	99-99999-999	X99999999	
B01	000015647	121709-121709	99215		1.0	226.00	.00 .00 18
02	000015647	121709-121709	90470		1.0	18.45	.00 .00 42
03	000015647	121709-121709	90648SL		1.0	13.90	.00 .00 B15
				** CLAIM TOTAL **		258.35	.00

B01 22881 E/M SERVICE 99215 WAS SUBMITTED MORE THAN ONCE ON THE SAME DAY BY THE SAME PROVIDER AND APPEARS TO BE A DUPLICATE, THEREFORE 99215 IS NOT REIMBURSABLE.

1	1010999305999	999-99-9999	MOUSE	MICKEY	99-99999-999	999999999X	
01	000014579	041810-041810	9928325		1.0	110.00	.00 .00 N14
B02	000014579	041810-041810	12002		2.0	197.00	.00 .00 151
				** CLAIM TOTAL **		307.00	.00 42

B02 21878 12002 WAS SUBMITTED WITH MORE THAN ONE UNIT ON THE SAME LINE, EXCEEDING THE APPROPRIATE NUMBER OF UNITS PER DAY, THEREFORE THE ADDITIONAL 12002 IS NOT REIMBURSABLE.

TOTAL CHARGE/PAYMENT AMOUNTS: 3 634.31 13.90

EXPLANATION OF MESSAGE CODES USED ABOVE:

- 18 DUPLICATE CLAIM/SERVICE.
- 42 CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT. (USE CARC 45)
- 151 PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
- B15 PAYMENT ADJUSTED BECAUSE THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.
- N14 PAYMENT BASED ON A CONTRACTUAL AMOUNT OR AGREEMENT, FEE SCHEDULE, OR MAXIMUM ALLOWABLE AMOUNT.
- N122 ADD-ON CODE CANNOT BE BILLED BY ITSELF.
- N20 SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.

Bloodhound Exceptions, as they will appear on the Provider Remits.

